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FACSIMILE COVER SHEET

November 8, 2006

Receiver: Daborah Chacko-Davis, Patent Examiner, Art Unit 1756**TEL #: (571) 272-1380****FAX #: (571) 273-8300****Sender: Francis T. Kalinski II
Registration No. 44,177****Our Ref. No.: 03-1810/LSIIP239**

**Re: U.S. Patent Application No. 10/825,342
Filing Date: April 14, 2004
Title: OPTIMIZED MIRROR DESIGN FOR OPTICAL DIRECT WRITE**

Pages Including Cover Sheet(s): 11**MESSAGE:**

Please file the attached Amendment A in the referenced matter.

CONFIDENTIALITY NOTE

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NOV 08 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: EIB et al.

Attorney Docket No.:

Application No.: 10/825,342

03-1810/LSI1P239

Filed: April 14, 2004

Examiner: CHACKO-DAVIS, Daborah

Title: OPTIMIZED MIRROR DESIGN FOR
OPTICAL DIRECT WRITE

Group: 1765

Confirmation No.: 8664

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on November 8, 2006.

Signed: Sue Funchess

Sue Funchess

AMENDMENT A TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

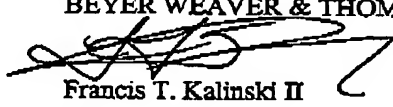
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	12	MINUS	20	0	x 25 =	x 50 = \$-0-
Independent Claims	2	MINUS	3	0	x 100 =	x 200 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$-0-

- ☒ Applicant(s) hereby petition for a 2 month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 12-2252 (Order No. 03-1810).
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 12-2252 (Order No. 03-1810).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP
Francis T. Kalinski II
Reg. No. 44,177P.O. Box 70250
Oakland, CA 94612-0250

NOV 08 2006

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Signed: _____


Sue Funchess**AMENDMENT A**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 12, 2006, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.